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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047:640 (5)

1. Corporation Name

Clark Construction of
Central Florida, Inc.

Principal Place of Business

Mailing Address

4375 Canoe Creek Road
St. Cloud, FL 34772

4375 Canoe Creek Rd
St. Cloud, FL 34772

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

3. Name and Address of Current Registered Agent

Danley, Richard D.
3501 13th Street
St. Cloud, FL 34769

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or person authorized to accept appointment

(NOTE: Registered Agent must be a resident of the State of Florida)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	Clark, Michael D.	4375 Canoe Creek Rd	St. Cloud, FL 34772	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
14. TITLE				☐	☐	☐
15. NAME				☐	☐	☐
16. STREET ADDRESS				☐	☐	☐
17. CITY-ST-ZIP				☐	☐	☐
18. TITLE				☐	☐	☐
19. NAME				☐	☐	☐
20. STREET ADDRESS				☐	☐	☐
21. CITY-ST-ZIP				☐	☐	☐
22. TITLE				☐	☐	☐
23. NAME				☐	☐	☐
24. STREET ADDRESS				☐	☐	☐
25. CITY-ST-ZIP				☐	☐	☐
26. TITLE				☐	☐	☐
27. NAME				☐	☐	☐
28. STREET ADDRESS				☐	☐	☐
29. CITY-ST-ZIP				☐	☐	☐
30. TITLE				☐	☐	☐
31. NAME				☐	☐	☐
32. STREET ADDRESS				☐	☐	☐
33. CITY-ST-ZIP				☐	☐	☐
34. TITLE				☐	☐	☐
35. NAME				☐	☐	☐
36. STREET ADDRESS				☐	☐	☐
37. CITY-ST-ZIP				☐	☐	☐
38. TITLE				☐	☐	☐
39. NAME				☐	☐	☐
40. STREET ADDRESS				☐	☐	☐
41. CITY-ST-ZIP				☐	☐	☐
42. TITLE				☐	☐	☐
43. NAME				☐	☐	☐
44. STREET ADDRESS				☐	☐	☐
45. CITY-ST-ZIP				☐	☐	☐
46. TITLE				☐	☐	☐
47. NAME				☐	☐	☐
48. STREET ADDRESS				☐	☐	☐
49. CITY-ST-ZIP				☐	☐	☐
50. TITLE				☐	☐	☐
51. NAME				☐	☐	☐
52. STREET ADDRESS				☐	☐	☐
53. CITY-ST-ZIP				☐	☐	☐
54. TITLE				☐	☐	☐
55. NAME				☐	☐	☐
56. STREET ADDRESS				☐	☐	☐
57. CITY-ST-ZIP				☐	☐	☐
58. TITLE				☐	☐	☐
59. NAME				☐	☐	☐
60. STREET ADDRESS				☐	☐	☐
61. CITY-ST-ZIP				☐	☐	☐
62. TITLE				☐	☐	☐
63. NAME				☐	☐	☐
64. STREET ADDRESS				☐	☐	☐
65. CITY-ST-ZIP				☐	☐	☐

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***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exempt filing status under Section 607.0103, Florida Statutes, and that the information indicated on this annual report or supplemental annual report is true and accurate and that my knowledge of the same is based on the best of my knowledge and belief. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 402, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael D. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 6071 892-6415

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CP2E034 (9/96)